

NOTE: each boat operator/owner involved in an accident should submit a separate report.

Estimated report form completion time: 30 min

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

## REPORT SUBMISSION

## Report required because (select all that apply):

- ☐ At least one person in this accident *died*:  
If so, how many?
- ☐ At least one injured person in this accident *required or was in need of treatment beyond first aid*:  
If so, how many?
- ☐ At least one person in this accident *disappeared* and has not yet been recovered:  
If so, how many?
- ☐ All boat and other property *damage* (e.g., fishing/hunting gear) caused by this accident *totaled* (or likely totaled) \$2,000 or more:  
Approximate value of damage to *your* boat: \$   
Approximate value of damage to *your* other property: \$
- ☐ Your or another *boat* in this accident was (or likely was) a *total loss*

## Report submitted by (select all that apply):

- ☐ Boat Operator (required if possible)
- ☐ Boat Owner (if operator unable, or same as operator)
- ☐ Other (describe):

First name:  Last name: Phone:  -  - 

## To be submitted within:

48 hours (if injury, disappearance or death)  
10 days (if boat/property *damage only*)

## To be submitted to:

DLNR-Division of Boating and Ocean Recreation  
333 Queen Street, Suite 300  
Honolulu, Hawaii 96813  
Attn: Boating Safety Program  
Phone: ( 808 ) 587-1972

You may submit any comments concerning the the accuracy of the burden estimate or any suggestions for reducing the burden to: Commandant (CG-5422), U.S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (1625-0003), Washington, DC 20503.

## For State Agency Use Only

First name:   
Last name:   
Phone: Primary cause of accident: 

## ACCIDENT SUMMARY

## WHEN

Date:    mm/dd/yyTime:  :  ☐ am ☐ pm (select one)

## WHERE

Body of water name: Location (on water)  
description: Nearest city/town: County: State: 

## YOUR BOAT - PEOPLE

# people *on board* (including operator):   
# people *being towed* (e.g., on tubes, skis):   
# people *wearing lifejackets* (on board or towed): 

## OTHER BOATS INVOLVED IN ACCIDENT

# of *other* boats involved? 

## ACCIDENT DESCRIPTION

Briefly describe this accident (attach extra pages if necessary):

## DAMAGE TO YOUR BOAT

Briefly summarize any damage to *your* boat:

## DAMAGE TO YOUR OTHER PROPERTY (NOT BOAT)

Briefly summarize any damage to *your* other property (not boat):

## YOUR BOAT

Your boat name:	<input type="text"/>	Manufacturer:	<input type="text"/>
Model name:	<input type="text"/>	Model year:	<input type="text"/>
Registration #:	<input type="text"/>	Documentation #:	<input type="text"/>
Hull Identification # (HIN):	<input type="text"/>		Rented: <input type="radio"/> Yes <input type="radio"/> No

Length:  ft. Depth from transom (stern) to keel (bottommost point):  ft.  in. Beam width at widest point:  ft.

**Type of hull material** (select one):

☐ Fiberglass
 ☐ Wood
 ☐ Rubber/vinyl/canvas
 ☐ Other (describe):

☐ Aluminum
 ☐ Steel
 ☐ Plastic

<b>Boat type</b> (select one): <input type="radio"/> Cabin motorboat <input type="radio"/> Inflatable <input type="radio"/> Canoe <input type="radio"/> Personal watercraft (PWC) <input type="radio"/> Open motorboat <input type="radio"/> Houseboat <input type="radio"/> Rowboat    (e.g., Wave Runner™, <input type="radio"/> Auxiliary sail <input type="radio"/> Sail (only) <input type="radio"/> Air boat    Jet Ski™, Sea-Doo™) <input type="radio"/> Pontoon boat <input type="radio"/> Kayak <input type="radio"/> Other (describe): <input type="text"/>				<b>Available propulsion</b> (select all that apply): <input type="checkbox"/> Propeller <input type="checkbox"/> Air thrust <input type="checkbox"/> Sail <input type="checkbox"/> Other (describe): <input type="text"/> <input type="checkbox"/> Manual <input type="checkbox"/> Water jet	
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# engines: <input type="text"/>	Engine type and horsepower (select one): <input type="radio"/> Outboard <input type="radio"/> Sterndrive (I/O) <input type="radio"/> Inboard <input type="radio"/> None	Fuel type (select all that apply): <input type="checkbox"/> Gasoline <input type="checkbox"/> Electric <input type="checkbox"/> Diesel
Manufacturer: <input type="text"/>	Total horsepower: <input type="text"/> hp	

Organizations that have conducted a vessel safety check (VSC) on board your boat within the past year (including carriage of safety equipment, e.g., lifejackets, anchor and line, fire extinguishers):					
<input type="checkbox"/> US Coast Guard Auxiliary: VSC Decal? <input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/> Federal Agency (Name):			
<input type="checkbox"/> US Power Squadrons: VSC Decal? <input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/> State Agency (Name):			
		<input type="checkbox"/> Other Agency (Name):			
# Life jackets on board:		# Fire extinguishers on board:		Type of fire extinguishers (e.g., ABC):	
		# Fire extinguishers used:		Amount of fire extinguisher used:	

WEATHER			
<b>Overall weather was</b> (select one): <input type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Cloudy <input type="radio"/> Snowing <input type="radio"/> Foggy <input type="radio"/> Hazy <input type="radio"/> Other (describe):		<b>It was</b> <b>Visibility was</b> (select one):      (select one): <input type="radio"/> Day <input type="radio"/> Good <input type="radio"/> Night <input type="radio"/> Fair <input type="radio"/> Poor	
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		<b>Wind was</b> (select one): <input type="radio"/> 0 mph (none) <input type="radio"/> Over 0, up to 12 mph (light) <input type="radio"/> Over 12, up to 25 mph (moderate ) <input type="radio"/> Over 25, up to 55 mph (strong) <input type="radio"/> Over 55 mph (stormy)	
		Approximate air temperature: <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> °F	

<b>Overall water conditions (select one):</b> <input type="radio"/> Up to 6 in. waves (calm) <input type="radio"/> Over 6 in., up to 2 ft. waves (choppy) <input type="radio"/> Over 2 ft., up to 6 ft waves (rough) <input type="radio"/> Over 6 ft. waves (very rough)	<b>Other water conditions:</b> Approximate water temperature: <input type="text"/> °F Strong current? <input type="radio"/> Yes <input type="radio"/> No Hazardous waters?(e.g., rapid tidal flow, currents) <input type="radio"/> Yes <input type="radio"/> No Congested waters? <input type="radio"/> Yes <input type="radio"/> No
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For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

## ACCIDENT DETAILS - ACTIVITIES AND OPERATIONS ON *YOUR* BOAT

### OPERATOR/PASSENGER ACTIVITIES

Operator/passenger activities on *your* boat at time of accident :

Activities were (select one):

- ☐ Recreational  
☐ Commercial

Operator/passenger activities (select all that apply):

- ☐ Fishing ☐ Tubing ☐ Starting engine ☐ Other (list):  
☐ Hunting ☐ Water Skiing ☐ Making repairs  
☐ White water activity (e.g., rafting) ☐ Relaxing

### BOAT OPERATIONS

*Your* boat operations at time of accident (select all that apply):

- ☐ Cruising (underway under power) ☐ Drifting ☐ Racing ☐ Towing another vessel  
☐ Changing direction ☐ At anchor ☐ Rowing/paddling ☐ Launching  
☐ Changing speed ☐ Being towed ☐ Tied to dock/mooring ☐ Docking/undocking  
☐ Sailing ☐ Other (list):

## ACCIDENT DETAILS - CONTRIBUTING FACTORS ON *YOUR* BOAT

### CONTRIBUTING FACTORS

Indicate factors on *your* boat which may have contributed to this accident (select all that apply):

- ☐ Alcohol use ☐ Operator inattention ☐ Hazardous waters ☐ Restricted vision (e.g., fog)  
☐ Drug use ☐ Operator inexperience ☐ Heavy weather ☐ Missing/inadequate  
☐ Excessive speed ☐ Language barrier ☐ Hull failure aids to navigation (e.g., buoy,  
☐ Improper anchoring ☐ Navigation rules violation ☐ Ignition of fuel or vapor daymarker)  
☐ Improper loading ☐ Failure to vent ☐ Starting in gear ☐ Inadequate on-board  
☐ Overloading ☐ Dam/lock ☐ Sharp turn navigation lights  
☐ Improper lookout ☐ Force of wake/wave ☐ People on gunwale, bow  
☐ Other (describe): or transom

## ACCIDENT DETAILS - *YOUR* BOAT

### MACHINERY/EQUIPMENT FAILURE

Failure of the following machinery/equipment on *your* boat contributed to this accident (select all that apply):

- ☐ Engine ☐ Sail/mast ☐ Steering ☐ Radio ☐ Fire extinguisher  
☐ Electrical system ☐ Onboard lights ☐ Throttle ☐ Auxiliary equipment ☐ Ventilation  
☐ Fuel system ☐ Seats ☐ Shift ☐ Sound equipment (e.g., horn, whistle)  
☐ Onboard navigation aids (e.g., GPS, Loran) ☐ Other (list):

## ACCIDENT DETAILS - EVENTS ON *YOUR* BOAT

### ACCIDENT EVENTS

Types of events occurring to/on *your* boat during accident (select all that apply):

- ☐ Collision with recreational boat ☐ Flooding/swamping ☐ Person fell overboard  
☐ Collision with commercial boat (e.g., tug, barge) ☐ Fire/explosion - fuel ☐ Person fell on/within boat  
☐ Collision with fixed object (e.g., dock, bridge) ☐ Fire/explosion - non-fuel ☐ Sudden medical condition  
☐ Collision with submerged object (e.g., stump, cable) ☐ Carbon monoxide exposure ☐ Person struck by boat  
☐ Collision with floating object (e.g., log, buoy) ☐ Mishap of skier, tuber, ☐ Person struck by  
wakeboarder, etc. propeller or propulsion unit  
☐ Capsizing ☐ Person left boat voluntarily ☐ Person electrocuted  
☐ Grounding ☐ Person ejected from boat (caused by collision or maneuver)  
☐ Sinking  
☐ Other (describe):

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

## ACCIDENT DETAILS - *YOUR BOAT* -

### INJURED PEOPLE RECEIVING *OR IN NEED OF* TREATMENT BEYOND FIRST AID

Report only injured people on, struck by, or being towed by *your boat*, receiving or *in need of* treatment beyond first aid.  
Do not report injured people on, struck by, or being towed by *another boat or no boat* (e.g., swimmers, people on a dock).  
If more than one injured person to report, attach additional copies of this page. If none, SKIP INJURED PEOPLE section.

#### INJURED PERSON

First:	<input type="text"/>	MI:	<input type="text"/>	Last:	<input type="text"/>
Street:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/> - <input type="text"/>
Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/>	Age:	<input type="text"/>		

#### INJURY DETAILS

##### Injury caused when person (select all that apply):

- ☐ Struck the:  (e.g., boat, water)  
☐ Was struck by a:  (e.g., boat, propeller)  
☐ Was exposed to carbon monoxide poisoning  
☐ Received an electric shock  
☐ Other (describe):

Person was wearing lifejacket? ☐ Yes ☐ No

Person received treatment beyond first aid? ☐ Yes ☐ No

Person was admitted to a hospital? ☐ Yes ☐ No

##### Nature of most serious injury (select one):

- ☐ Scrape/bruise ☐ Dislocation  
☐ Cut ☐ Internal organ injury  
☐ Sprain/strain ☐ Amputation  
☐ Concussion/brain injury ☐ Burn  
☐ Spinal cord injury ☐ Other (describe):   
☐ Broken/fractured bone

Body part of most serious injury (e.g., head, hip, knee):

## ACCIDENT DETAILS - *YOUR BOAT* - DEATHS/DISAPPEARANCES

Only report deaths/disappearances of people on, struck by, or being towed by *your boat*.  
If more than one death/disappearance to report, attach additional copies of this page.  
If none, SKIP DEATHS/DISAPPEARANCES section.

#### PERSON WHO DIED/DISAPPEARED

First:	<input type="text"/>	MI:	<input type="text"/>	Last:	<input type="text"/>
Street:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/> - <input type="text"/>
Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/>	Age:	<input type="text"/>		

#### DETAILS OF DEATH/DISAPPEARANCE

##### Injury caused when person (select all that apply):

- ☐ Struck the:  (e.g., boat, water)  
☐ Was struck by a:  (e.g., boat, propeller)  
☐ Was exposed to carbon monoxide poisoning  
☐ Received an electric shock  
☐ Other (describe):

##### Nature of death/disappearance (select one):

- ☐ Death - by drowning  
☐ Death - other likely cause (describe):   
☐ Disappeared and not yet recovered

Person was wearing lifejacket? ☐ Yes ☐ No

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

## ACCIDENT DETAILS - *YOUR* BOAT OPERATOR

### OPERATOR INSTRUCTION

**Boating safety instruction completed** (select all that apply):

- ☐ None  
☐ State course  
☐ USCG Auxiliary course  
☐ US Power Squadrons course  
☐ Internet (name of sponsoring organization):

- ☐ Other (describe):

### OPERATOR EXPERIENCE

**Experience operating this type of boat** (select one):

- ☐ 0 to 10 hours                      ☐ Over 100, up to 500 hours  
☐ Over 10, up to 100 hours           ☐ Over 500 hours

### OPERATOR SAFETY MEASURES

**On board, prior to accident, was operator wearing:**

A lifejacket?

- ☐ Yes    ☐ No

An engine cut-off switch (Lanyard or wireless device) if equipped?

- ☐ Yes    ☐ No

**On board, prior to accident, was operator using:**

Alcohol?

- ☐ Yes    ☐ No

Drugs?

- ☐ Yes    ☐ No

**Operator arrested for Boating Under the Influence?**

- ☐ Yes    ☐ No

**Weather reports consulted prior to accident?**

- ☐ Yes    ☐ No

## ACCIDENT DETAILS - OTHER KEY PEOPLE

*Only report other key people not already documented as injured, died, disappeared or operator/owner of your boat.*

If more than two other key people to report, attach additional copies of this page.

### NAME/ADDRESS

**This other key person was a(n)** (select all that apply):

- ☐ Other boat operator    ☐ Other boat owner    ☐ Owner of other damaged property    ☐ Passenger on your boat    ☐ Witness

First:  MI:  Last:

Street:

City:  State:  Zip:  -

Other boat name (if any):  Phone:  -  -

Other boat registration # (if any):

### NAME/ADDRESS

**This other key person was a(n)** (select all that apply):

- ☐ Other boat operator    ☐ Other boat owner    ☐ Owner of other damaged property    ☐ Passenger on your boat    ☐ Witness

First:  MI:  Last:

Street:

City:  State:  Zip:  -

Other boat name (if any):  Phone:  -  -

Other boat registration # (if any):

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

### YOUR BOAT OPERATOR

#### NAME/ADDRESS

First:	<input type="text"/>	MI:	<input type="text"/>	Last:	<input type="text"/>
Street:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/> - <input type="text"/>

#### AGE/GENDER/PHONE

Age:	<input type="text"/>	Gender:	<input type="radio"/> Male <input type="radio"/> Female	Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/>
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### YOUR BOAT OWNER

If same as *your* boat operator SKIP rest of YOUR BOAT OWNER section.

#### NAME/ADDRESS/PHONE

First:	<input type="text"/>	MI:	<input type="text"/>	Last:	<input type="text"/>
Street:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/> - <input type="text"/>
Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/>				

### PERSON SUBMITTING THIS REPORT

If same as *your* boat operator OR owner, SKIP rest of PERSON SUBMITTING THIS REPORT section.

#### NAME/ADDRESS/PHONE/ROLE

First:	<input type="text"/>	MI:	<input type="text"/>	Last:	<input type="text"/>
Street:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/> - <input type="text"/>
Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/>				

I was a(n) (select one):

- ☐ Other person on board *this* boat  
☐ Accident witness *not* on board *this* boat  
☐ Other (describe):

### SIGNATURE OF PERSON SUBMITTING THIS REPORT

Your signature:	<input type="text"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	mm/dd/yy
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An Agency may not conduct or sponsor and a person is not required to respond to an information collection, unless it displays a currently valid OMB Control Number.

The Coast Guard estimates that the average burden for this report form is 30 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (CG-5422), U.S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (1625-0003), Washington, DC 20503.